D	isclo	sure	Report	Cover

Amendment

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Inform	iation		new report of entropies			
a. Full Name						
SCOTT DACEY CA						c. ID Number TCDH5A
b. Mailing Address (include	le City, State and Zip Code)					
POST OFFICE BOX			·			d. Date Filed
New Bern, NC 28561	<u> </u>					July 12, 201
j						e. Phone Number
2 D			710-74-80-45-45-45-45-45-45-45-45-45-45-45-45-45-	9 ₁₋₄₀₋		252-349-0139
	Period Start Date (mm	/dd/yy) 4. P (mm	eriod End J /dd/yy)	Date	5. Treasurer	
2011	04/18/10		06/30/10	٠	JEANNIE M	1. TYSON
6. Type of Committee	(Check One)	9. Type of F	lenort	(check on	the one to a - C	
Candidate Campaign	Party	Municipal	.cport	State/C	one type of re	eport from one category)
PAC	Referendum		zational		Organizational	Referendum
Independent Expenditure	Joint Fundraiser	1	five day			Organizational
Legal Expense Fund		1	11vc day	1	Quarterly	Pre-referendum
7. Type of Fund (i	f applicable, check one)	Pre-pri	marı		vn.	_
"Booster Fund"		Pre-elec	-		First	Final
Building Fund		Pre-run			Second	Supplemental Final
		Semi-a		-	Third Fourth	Annual
		1	id Year		Fourin Semi-annual	Special
Other:		Ye	ear End		Mid Year	10.6
		Final			Year End	10. Special Report Name
8. Number of Fundrais	ers this Report	Special			inal	
					pecial	
11. Account Informatio		L	11 A	1		
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FIRST SOUTH BANK			u. 2104	uciai alistit	uuon Full Name	
b. Purpose	c. Account Code		b. Pur	nse.	· · · · · · · · · · · · · · · · · · ·	
BANKING	#/				· · · · · · · · · · · · · · · · · · ·	c. Account Code
	d. Period Begin Balance					d. Period Begin Balance
	\$ 4,706.39					\$
CERTIFICATION		.				
certify that the Committee the NC General Statutes as complete, true and corresponding M. TY	ect and that I have been	nce with all app nmingled with trained by the	IC State Box	ard of Ele	official sections of the sections.	2B, & 22D-22M of Chapter 163 of ads. I further certify that this report
OR OFFICE USE ONLY			Signature of	Appointed	reasurer	Date
Date Received:		Employ	ee:			Delivery Method
Date Postmarked:		Employe	ee:			☐ Normal Mail ☐ Registered Mail
Date Scanned:		Employe	ee:		····	Hand Delivered Electronically Filed Signer has not received
Date Data Entered:		Employe	ee:	·		mandatory training
	cannot be used to amer custodian must amend the Stateme	or ocoms imorn	aaaoa, or ac	совпе пп	ormation.	dress, treasurer, assistant treasurer,

Detailed Summary

Amendment

Use this form to summarize all disclosure reporting forms and to total monetary information. Ш Yes \boxtimes No 1. Committee Full Name (and Fund if applicable) 2. Type of Report SCOTT DACEY CAMPAIGN 3. ID Number 2ND QUARTER TCDH5A Start of Election Cycle: January 1, Total this 2010 Total this Cash on Hand at Start Reporting Period Election Cycle 4,506.39 RECEIPTS \$ 50.00 Aggregated Contributions from Individuals (CRO-1205) 147.50 \$ Contributions from Individuals 341.25 6) (CRO-1210) \$ 1,385.00 \$ **Contributions from Political Party Committees** 8,427.50 7) (CRO-1220) \$.00 \$.00 **Contributions from Other Political Committees** 8) (CRO-1230) \$.00 \$ 300.00 **Loan Proceeds** 9) (CRO-1410) \$ 750.00 \$ Refunds/Reimbursements To the Committee 2,750.00 10) (CRO-1240) .00 11) Other Receipt Sources \$ 12.50 **Interest on Bank Accounts** 11a) (CRO-1250) .00 \$.00 Contributions from Not-for-Profit Organizations 11b) (CRO-1250) \$.00 \$.00 11c) Outside Sources of Income (CRO-1250) \$.00 \$.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$.00 \$.00 11 e) Exempt Purchase Price Sales (CRO-1265) \$.00 \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) .00 \$ 2,282.50 \$ 11,831.25 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 5,219.51 \$ 13b) Contributions to Candidates/Political Committees 10,311.87 (CRO-1310) \$.00 \$.00 13c) Coordinated Party Expenditures (CRO-1310) \$.00 \$.00 Aggregated Non-Media Expenditures (CRO-1315) \$.00 \$.00 15) Loan Repayments (CRO-1420) \$.00 \$.00 Refunds/Reimbursements From the Committee 16) (CRO-1320) \$.00 \$.00 17) **In-Kind Contributions** (CRO-1510) \$.00 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$.00 18) \$ 5,219.51 \$ Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) 10,311.87 1,569.38 ADDITIONAL INFORMATION \$ 1,569.38 Non-Monetary Gifts Given to Other Committees 20) (CRO-1330) \$ Outstanding Loans (incl. ones from other campaigns) 21) (CRO-1430) \$ Debts and Obligations owed By the Committee 22) (CRO-1610) \$ Debts and Obligations owed To the Committee 23) (CRO-1620) \$ **Account Transfers Within the Committee** 24) (CRO-1720) **Administrative Support** 25) (CRO-1710) \$ Forgiven Loans 26) (CRO-1440) \$ 48-Hour Notice Reports Sum (CRO-2200) \$ \$ Contributions to be Refunded (CRO-1215) \$ \$ CRO-1100

Aggregated Contributions from Individuals

Page

of 1

1

Amendment ☐ Yes ⊠

No

Optional form used to report NC Contributions From Individuals of \$50 or less

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NC State Board of Elections

April 2007

Contributions from Individuals

	nmittee Full Nam	ndividual contribution te (and Fund if appl	ioobles		under \$50 if form (CRO 1205	is not used	
	T DACEY CAMP	- (erre r and it abbi	icable)				Number	
RESERVE TRANSPORT	· · · · · · · · · · · · · · · · · · ·						TCDF	I5A
a. Full N	tributor Informa Name, Mailing Addres	tion		Add 🔲	Remove			
(inclu	de city, state, & zip)	з « гцоне		b. Job Title/Profes	ssion	d. Com	ments	<u> </u>
JOHN .	A. SNYDER			PHYSICIAN				
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EW BE	RN, NC 28562		j	c. Employer's Name	Specific Field			
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April 2007

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(inclu	de city, state, & zip			ATTORNEY	100	d. Com	ments	
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AT EV	EEN STREET			c. Employer's Name	e/Specific Field			
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051-21-	-77/6					e. Electio	on Sum to Date	
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LATRIA	I ALL CRO-	1210 Pages						
		Detailed Summary Page CR				\$		1,385.00

NC State Board of Elections

Amendment

April 2007

Contributions from Individuals

Outstanding Loans	Pg of Amend	dment No
		THE R. L.

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full. l. Committee Full Name (and Fund if applicable) 2. ID Number 3. Lender Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) obbuist e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field h. Security Pledged . Rate i. Original Loan Amount Full Name of Lending Institution 3. Lender Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance k. Full Name of Lending Institution l. Loan Number 3. Lender Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution . Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)

Contributions from Other Political Committees

Pg <u>1</u>

Amend

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No

Use this form to report contributions from other candidate, referendum or PAC committees

3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Candidate BULLD POLITION COMMITTEE POST OFFICE BOX 99900 C. Level Registered (Specify) Formation Sate Municipality: Formation Sate Sate Sate Formation Sate Sate Sate Sate	3. Contributor Information Add Remove a. Path Name, Mailing Address & Phone (include city, state, & 4p) Candidate PAC BULLD POLITICAL ACTION COMMITTEE Reterondum POST OFFICE BOX 90900 C. Level Registered (Specify) FALEIGH, NC 27624 Pederal County Post of Municipality: c. Election Sum to Date S 300.00 F. Account Code g. Form of Payment h. In-Kind Description l. Date (annoted typyy) J. Amount Add Remove S 300.00 F. Account Code g. Form of Payment h. In-Kind Description L. Date (man/dd/yyyy) J. Amount Add Remove C. Level Registered (Specify) C. Level Registered (Specify) State Municipality: c. Election Sum to Date Referendum PAC County C. Level Registered (Specify) State Municipality: c. Election Sum to Date Account Code g. Form of Fayment h. In-Kind Description L. Date (man/dd/yyyy) J. Amount Foll Name, Mailing Address & Phone (include city, state, & 2p) S Account Code g. Form of Fayment h. In-Kind Description L. Date (man/dd/yyyy) J. Amount Foll Name, Mailing Address & Phone (include city, state, & 2p) S Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Contributor Information Add Remove L. Level Regis	SCOTT DACE	Full Name (and Fund if applica EY CAMPAIGN	able)			2. ID	Number
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Use this form to	report refi	unds received t	by the committee or	reimburseme	nts for a prev	ious expenditure) <u>.</u>	
1. Committee Fr	ull Name	(and Fund if a	applicable)			2. ID Numb		
SCOTT DACEY	Y CAMPA	JGN						CDH5A
3. Contributor I			×	Add	Remov	<u> </u>		
a. Full Name, Mailir	ng Address	& Phone	<u></u>	d. Type of (· · · · · · · · · · · · · · · · · · ·	T 05. 1	Comments
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FIRST SOUTH	BANK				ferendum	Party		
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252/946-4178				State	<u> </u>	Municipality:		V1/1Z/1U
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(include city, state,	, & zip)				didate	PAC	1	
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Refunds/Reimbursements To the Committee

Amendment
Yes

 \boxtimes

No

Loan Proceed	113	D _r	1 . e		
Use this form to repo	ort proceeds from a loan and	rg I loan endorser's inform	1 of		∐ Yes ⊠ No
A loan proceeds stat	ement must accompany eac	h loan that is from an inc	dividual		
1. Committee Full !	Name (and Fund if applica	ble)		2. ID Numb	
THE SCOTT DACE	EY COMMITTEE			7 (414)	TCDH5A
3. Lender Informat	ion	⊠ Add			Remove
. Full Name, Mailing A	ddress & Phone	b. Job Title/Prof	<u></u>		d. Comments
(include city, state, &	zip)		2001011		u. Comments
SCOTT DACEY		CONSULTA	NT		
POST OFFICE BOX					e. Start Date (mm/dd/yyyy)
NEW BERN, NC 2	8561	c. Employer's Na	me/Specific Field		
252/636-0633		SELF-EMPL	OYED		01/08/10
				Į	f. End Date (mm/dd/yyyy)
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Endorsers/Makers					
Full Name, Mailing Ad		The state of the s			/) _A
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Loan Proceeds Pg 1 of 1 Yes No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full 1 THE SCOTT DACE	Name (and Fund if applica BY COMMITTEE	ble)	2	. ID Numb	ner TCDH5A	
3. Lender Informat	X	✓		DELLEVER SERVICE		
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(include city, state, &		b. Job Title/Profess CONSULTAN			d. Comments	
SCOTT DACEY		CONSULTAN	1			
POST OFFICE BOX	₹ 15395				e. Start Date (mm/dd/yyyy)	
NEW BERN, NC 28561		c. Employer's Nam	c. Employer's Name/Specific Field		e. Start Date (min/dd/yyyy)	
252/636-0633			SELF-EMPLOYED		06/21/10	
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(include city, state, & z	ip)					
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				C. Alliount		
			%	\$		
a. Full Name, Mailing Address & Phone		h. Joh Title/Profes	b. Job Title/Profession		g Frankrania Nama/Gracifi, Villa	
(include city, state, & zi		O. OOD THE TOTAL	b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount		
			%	\$		
a. Full Name, Mailing Address & Phone		b. Job Title/Profes	b. Job Title/Profession		c. Employer's Name/Specific Field	
(include city, state, & zip)						
		d. Percentage	d. Percentage		e. Amount	
			%	\$		
. Total of ALL C	RO-1410 Pages					
The second of the production of the period of the first of	9 of Detailed Summary Page CR(2-2-2-2		\$ 7	750.00	

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan: The Scott Dacey Conte
• Person lending money to committee (Lender):
Date of loan to committee: 6 24-10
Name of lending institution and account number (source):
Amount of loan: #750. —
Names of all parties responsible for payment of loan (guarantors):
The Scott Daney Committee
Period of loan:
• Rate of interest of loan:
Security pledged for loan:
I, 5cott Daces, acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
Late C Dage
Signature of Lender Llanue Malon
Signature of Treasurer of Committee
This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign

reporting disclosure laws.	- Jan
Name of committee to receive loan:	2 5 10
Person lending money to committee (Lender):	The Scott Dacey Committee Scott Dacey Card Sate
Date of loan to committee:	
Name of londing in the	Jan. 8th, 2010
Name of lending institution and account number (source):	Jan. 8th, 2010 Scott Dacey, Personal Account
Amount of loan:	#2,006.00
Names of all parties responsible for payment of loan (guarantor):	
Period of Ioan:	
	Six months
Rate of interest of loan:	109
Security pledged for loan:	0.090
Prouged for IONII:	None

I,	South Dack
	(Person lending money to committee)

acknowledge that all of the

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Use this form to committees an	to report expenditures and coordinated party e	s from the commit	ttee for; operating expen	nses, contributions to	to candidate/political
	e Full Name (and Fur				2. ID Number
SCOTT DAC	CEY CAMPAIGN		With the major complete parameters and providing the con-	Appropriate to the second of the second	Z. ID Number TCDH5A
3. Type of Dis		zase use separate (CRO-1310 forms for ea	ich type of Disburse	omont)
	g Expenses	Contributions to Ca	andidates/Political Committee		Coordinated Party Expenditures
4. Payee Infor			Add	Remove	Additional training training to
a. Full Name, Ma	ailing Address & Phone		b. Coordinated Committ		d. Comments
(include city, state	te, & zip)				
FIRST SOUT			1		
POST OFFICE			c. Level Registered (Spec	cify)	
NEW BERN,	NC 28561			County:	
			State [Municipality:	e. Election Sum to Date
					\$ 12.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	BANK DRAFT				CHECKS
	BANK DRAFT	0	01/19/10	\$	CILCAS
ı	1		İ	\$	
4. Payee Inform			Add	Remove	
	iling Address & Phone		b. Coordinated Committee		d. Comments
(include city, state					
	RT GROUP, INC.	,			
POST OFFICE		,	c. Level Registered (Speci	ify)	7
RALEIGH, NO	J 27611	Į.		County:	
919/828-6455		ı	State [Municipality:	e. Election Sum to Date
		1			\$ 1,583.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1001	0	01/19/10	\$1,250.00	POLITICAL CON-
		<u> </u>	VIIII	Φ1,430.00	SULTING FEE
	1002	F	03/12/10	\$333.41	DOOR HANGERS
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mail	ling Address & Phone	T	b. Coordinated Committee		d. Comments
(include city, state,	e, & zip)	J		W 4 198-100	u. Comments
VICTORY STO	ORE.COM		1		1
5200 SW 30 TH S		ŗ	c. Level Registered (Specif	ifv)	-
DAVENPORT,	•	Ţ	Federal 🔀		4
866/241-2294 X	XT. #1101	1	State	Municipality:	e. Election Sum to Date
		}		-	
f. Account Code	g. Form of Payment	h. Purpose Code			\$ 1,471.50
I. Attour Cour		h. Furpose Couc	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1003	В	03/23/10	\$1,471.50	SIGNS,MAGNET
!				\$	
5. Total only thi					\$ 3,067.41
6. Total of ALL	CRO-1310 Pages				β J,νυ7. ¬ 1
(This line goes in	line 13a of Detailed Summ	mary Page CRO-1100	if Operating Expenses)	Additional and the control of the first	
(This line goes in l	line 13b of Detailed Sumn	mary Page CRO-1100 i	if Contrib to Candidates/Pol	litical Comm)	\$
(This line goes in t	line 13c of Detailed Sumn	mary Page CRO-1100 i	if Coordinated Party Expend	ditures)	
7. Purpose Code	es (List detailed expe	oenditure code in (h	h.) above)		
A* - Media E - Salaries	B* - Printing	C* - Fundr		D - To Anothe	
L - Salaries I - Postage	F* - Equipment J - Penalties	G - Political			Public Office Expenses
O* - Other		K* - Office		Q* - Donatio	on to Legal Expense Fund
* Codes require	e detailed explanatio	on in required rev	marks field (k)		
			The state of the s	The Miller The Control of the Mean Control of the Special Control	. The Reference of the terror of the second

Disbursements

Amendment

No No

Disburse	manta				Amendment
, ,		from the somm	P	Pg <u>2</u> of	ra 🗆 von 🖂 v
committees a	and coordinated party	es from the continue expenditures.	ittee for; operating expens	ses, contributions t	to candidate/political
1. Committee	e Full Name (and Fu				2. ID Number
SCOTT DAG	CEY CAMPAIGN			By In Birth & Horsey of the Lyth Commission of the	TCDH5A
3. Type of Di		ease use separate	CRO-1310 forms for eac	ch type of Disburs	ement.)
	ng Expenses	Contributions to C	Candidates/Political Committees	s [] (Coordinated Party Expenditures
4. Payee Info				Remove	
	Mailing Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, sta LOWES	ite, & zīp)				
=	BOULEVARD		c. Level Registered (Specif		_
NEW BERN,			Federal E		
252/638-6777			State	Municipality:	e. Election Sum to Date
				1 1710111111111111111111111111111111111	
					\$ 222.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1004	F	04/06/10	\$222.03	SUPPLIES
				\$	
4. Payee Infor	rmation		Add [
	ailing Address & Phone	<u> </u>	b. Coordinated Committee	Remove	1.2
(include city, state	te, & zip)	•	U. COOLGINATES COMBINES	Name	d. Comments
ARISTOTTLI	E PUB		-		
3635 RUFFIN	· ·		c. Level Registered (Specify	v)	
THIRD FLOO			Federal 🔯	 	
SAN DIEGO,	CA 92123		State	Municipality:	e. Election Sum to Date
					\$ 200,00
f. Account Code	g. Form of Payment	h. Purpose Code			
I Petonia			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	EX. W/D	C	03/03/10	\$200.00	POLITICAL
					CONSULTING FEE
				\$	
4. Payee Infort			Add	Remove	
	iling Address & Phone		b. Coordinated Committee I	Name	d. Comments
include city, state,					WE COMMENTED
POST OFFICE	RT GROUP, INC.				
RALEIGH, NC		ļ	c. Level Registered (Specify)		
NALEIGH, NC 919/828-6455	, 2/011	ļ	Federal St.	County:	T
717/040-0-100		-	State	Municipality:	e. Election Sum to Date
. C. J.			l		\$ 1,402.92
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1006	В	04/19/10	\$1,402.92	
				\$	
Total only thi		\$ 1,824.95			
Total of ALL	CRO-1310 Pages				Ψ 1,02,7.2.2
(This une goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		4 400000
(This line goes in line 13b of Detailed Summary Page CRO-1100 if (This line goes in line 13c of Detailed Summary Page CRO-1100 if			if Contrib to Candidates/Politic	cal Comm)	\$ 4,892.36
Purnose Cod	es (List detailed expe	nary Page CKU-11001	if Coordinated Party Expendita	ares)	
* - Media	B* - Printing	enditure code in (h C* - Fundr	1.) above)	<u> erganamenteres e</u>	
- Salaries	F* - Equipment	G - Political		D - To Anothe	
- Postage	J - Penalties	K* - Office		O* - Donatio	Public Office Expenses

* Codes require detailed explanation in required remarks field (k) CRO-1310

O* - Other

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund